## **Application**

Court Order SF 424s



## HARRIS COUNTY, TEXAS

## COMMUNITY & ECONOMIC DEVELOPMENT DEPARTMENT

rid B.	Turkel
octor*	

. Turkel	Vote of the Court:	Yes	Na	Abstain	Community Development Division 8410 Lantern Point Dr.
	Judge Emmett Comm. Lee Comm. Garda				Houston, Texas 77054 Tel (713) 578-2000
November 12, 2007	Comm. Radack Comm. Eversole				Presented to Commissioner's Court
County Judge Emmett Commissioners Lee, G		) Everso	le		NOV 2 0 2007 APPROVE_E/
		Ag	genda L	etter	Recorded VolPage

Please consider the following items on the Commissioners Court Agenda for November 20, 2007:

Approval of the Program Year 2008 Annual Action Plan for Harris County's Community Development Block Grant (CDBG) Program, Emergency Shelter Grants (ESG) Program, HOME Investment Partnerships (HOME) Program, and American Dream Downpayment Initiative (ADDI) funds for submission to the U.S. Department of Housing and Urban Development (HUD).

Guadalupe Center Family Assistance

The Annual Action Plan includes allocations for the following projects:

	a.	Cautour Charines	dradatripe center rainty masistance	\$JU <sub>5</sub> /10
, ,	ъ.	Catholic Charities	Villa Guadalupe Transitional Housing	\$23,480
	C.	Child Advocates, Inc.	Court Appointed Special Advocates	\$68,779
	d.	Children's Assessment Center	Therapy and Interviewing Services	\$90,569
	e.	City of Jacinto City	Safe Water Storage Project	\$555,500
	f.	City of LaPorte	Northside Neighborhood Program III	\$460,000
	g.	Communities in Schools	South Houston Youth Intervention Initiative	\$50,600
	h.	Crossroads	Delinquency Prevention	\$41,400
	i.	East Harris County Senior Citizens	Transportation Voucher Program	\$110,400
	j.	East Harris County Youth Program	After-School and Summer Day Camp	\$184,000
	k.	Family Time Crisis and Counseling	Battered Women's Shelter	\$39,100
	1.	Harris County CEDD	ADDI Downpayment Assistance Program	\$67,255
	m.	Harris County CEDD	Downpayment Assistance Program	\$511,264
	п.	Harris County CEDD	Cemetery Improvements, Phase II	\$163,620
	a.	Harris County CEDD	Health and Safety Home Repair Program	\$240,000
	p.	Harris County CEDD	Minor Home Repair Program	\$144,000
	q.	Harris County CEDD	Non-Emergency Medical Transportation	\$ 300,000
عريكو	r.	Harris County Precinct 1	Seniors Drama Program	\$24,826
	s.	Harris County Precinct 1	Inwood Place Water Distribution System	\$1,146,606
. <del></del>	t.	Harris County Precinct 2	James Driver Park Expansion	\$535,954
756. <sup>Q</sup>	u.	Harris County Protective Services	TRIAD Prevention Truancy Program	\$66,700
MIJC	المي مي	Harris County Street Olympics	Aquatics Program	\$60,830
	) w.	Harris County Street Olympics	Discovery Camp Program	\$37,384
re HE I	. പട	26/14		

LECOJ: Development/AAP/2008 Annual Action Plan/Letters/CommissionersCourt/AgendaLetter\_112007(2).doc

Olg Dou

\$36,776

Catholic Charities

Χ.	Harris County Street Olympics	Summer Games Program	\$84,686
у.	Harris County PHES	Lead Hazard Controls Program	\$600,000
Z.	Harris County PHES	Nuisance Abatement Program	\$150,000
aa.	Harris County WCID #21	Avenue D Drinking Water Storage	\$297,950
bb.	Harris County WCID #36	Waste Water Improvement Project	\$1,126,470
cc.	Healthcare for the Homeless	Dental Care for the Homeless	\$74,465
dd.	Houston Area Urban League	Emergency Housing Assistance Program	\$49,805
ee.	Houston Area Women's Center	Children & Youth Enrichment Services	\$81,880
ff.	Houston Area Women's Center	Essential Services for Homeless	\$99,190
gg.	Neighborhood Centers, Inc.	LaPorte School Age Youth Program	\$44,160
hh.	New Horizon Family Center	Residential Services Grant	\$50,312
ii.	Northwest Assistance Ministries	Meals on Wheels	\$41,382
jj.	Northwest Assistance Ministries	Shelter and Energy Assistance Program	\$83,000
klc.	SEARCH	Housing for the Homeless	\$113,592
11.	Sunbelt FWSD	Oakwilde Sanitary Sewer Package	\$738,815
mm	. Texas Society to Prevent Blindness	Partners in Prevention & Vision Matters	\$41,142
nn.	The Bridge Over Troubled Waters, Inc.	The Bridge Emergency Housing Project	\$ <del>48</del> ,300

Thank you for your assistance with this request.

Sincerely,

David B. Turkel

Director

DBT/DAL/lcc/mjg

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Application for Federal Assistance	ce SF-424		Version 02
*1. Type of Submission:	*2. Type of Application	ion * If Revision, select appropriate letter(s)	
☐ Preapplication	⊠ New		
☐ Application	☐ Continuation	*Other (Specify)	
☐ Changed/Corrected Application	☐ Revision		
3. Date Received: 4. 4/1/2008	Applicant Identifier:		
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:	
State Use Only:			<u></u>
6. Date Received by State:	7. State Ap	plication Identifier:	
8. APPLICANT INFORMATION:			
*a. Legal Name: Harris County			<del></del> -
*b. Employer/Taxpayer Identification N 76-0454514	lumber (EIN/TIN):	*c. Organizational DUNS: 072206378	
d. Address:			
*Street 1: 8410 Lanter	rn Point Drive		
Street 2:	<del></del>		
*City: <u>Houston</u>			
County: <u>Harris Count</u>	ty	<del>_</del>	ļ
*State: <u>Texas</u>			
Province:			
*Country: <u>USA</u>			
*Zip / Postal Code 77054			
e. Organizational Unit:			
Department Name:		Division Name:	
Community and Economic Developmen		Development and Direct Services	
f. Name and contact information of p	person to be contact	ted on matters involving this application:	
Prefix: Mr.	*First Name: D	<u>David</u>	
Middle Name: B.			
*Last Name: <u>Turkel</u>			
Suffix:			
Title: Director			
Organizational Affiliation:			
*Telephone Number: (713) 578-2000		Fax Number: (713) 578-2090	
*Email: david_turkel@hctx.net			

Application for Federal Assistance SF-424	Version 02
Type of Applicant 1: Select Applicant Type:     County Government	
of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
*Other (Specify)	
*10 Name of Federal Agency: U.S. Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
14-218	
CFDA Title:	
*12 Funding Opportunity Number:	-
Title:	
THE.	
13. Competition Identification Number:	
Title:	
riue.	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Harris County	
15. Descriptive Title of Applicant's Project:	
Harris County PY2008 Community Development Block Grant Program	

Application for	Federal Assistance SF-4	24		Version 02
16. Congression	al Districts Of:			
*a. Applicant: Tex	as Districts		*b. Program/P	Project: Texas Districts
17. Proposed Pr	oject:			
*a. Start Date: 3/1	/2008	*b.	End Date: 2/28/200	09
18. Estimated Fu	nding (\$):			
*a. Federal	10,748,360	_		·
*b. Applicant				
*c. State		•		
*d. Local				
*e. Other		-		
*f. Program Incon	ne71,015	-		
*g. TOTAL	10,819,375	-		
*19. Is Application	on Subject to Review By Sta	ate Under Executive Order	12372 Process?	
1	ation was made available to t	4		ess for review on 10/22/2007
☐ b. Program is	subject to E.O. 12372 but has	s not been selected by the S	tate for review.	
☐ c. Program is	not covered by E. O. 12372			
*20 Is the Appli	cant Delinquent On Any Fed	deral Deht? (If "Yes" prov	ide explanation )	
1 ☐ Yes	No	2014. 2020. (II 100 ) pro-	nao ompianado, n,	
				s** and (2) that the statements d assurances** and agree to comply
with any resulting		am aware that any false, fict	titious, or fraudulent	statements or claims may subject
★* I AGREE				
** The list of certification agency specific in		n internet site where you ma	ay obtain this list, is o	contained in the announcement or
Authorized Repr	esentative:			
Prefix:	Mr,	*First Name: David		
Middle Name:	В.			
*Last Name:	Turkel			
Suffix:				
*Title: Director				
*Telephone Numl	per: (713) 578-2000	Λ	Fax Number: (713	) 578-2090
* Email: david_tu	rkel@hctx.net			
*Signature of Aut	horized Representative: 🖊	- Sulle	el	*Date Signed: <b>\$.7.0%</b>

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Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424	Version 02
oplicant Federal Debt Delinquency Explanation	
စ် following should contain an explanation if the Applicant organization is delinquent of	any Federal Debt.
	•

Application for Federal Assistan	ce SF-424		Version 02
1. Type of Submission:	*2. Type of Applicati	on * If Revision, select appropriate letter(s)	
Preapplication	⊠ New		
Application	☐ Continuation	*Other (Specify)	
☐ Changed/Corrected Application	Revision		
3. Date Received: 4. 01/11/2008	Applicant Identifier:		
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:	
State Use Only:			
6. Date Received by State:	7. State Ap	plication Identifier:	
8. APPLICANT INFORMATION:			
*a. Legal Name: Harris County			
*b. Employer/Taxpayer Identification f	Number (EIN/TIN):	*c. Organizational DUNS: 072206378	
d. Address:			
*Street 1: 8410 Lante	m Point Drive		
Street 2:			
Houston Houston			
County: Harris Coul	ntv	<u> </u>	
*State: <u>Texas</u>			
Province:			
*Country: <u>USA</u>			
*Zip / Postal Code 77054			
e. Organizational Unit:			
Department Name:	!	Division Name:	
Community and Economic Developme		Development and Direct Services	
f. Name and contact information of	person to be contact	ted on matters involving this application:	
Prefix: <u>Mr.</u>	*First Name: [	David <sup>-</sup>	
Middle Name: <u>B.</u>			
*Last Name: <u>Turkel</u>			
Suffix:			
Title: Director			
Organizational Affiliation:			
phone Number: (713) 578-2000		Fax Number: (713) 578-2090	
*Email: david_turkel@hctx.net			

Application for Federal Assistance SF-424	Version 02
. Type of Applicant 1: Select Applicant Type:	
County Government	
pe of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
*Other (Specify)	
*10 Name of Federal Agency:	
U.S. Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
<u>14-231</u>	
CFDA Title:	
*12 Funding Opportunity Number:	
Fittle:	
13. Competition Identification Number:	
Title:	
	Ī
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Harris County	-
*15. Descriptive Title of Applicant's Project:	
Harris County PY2008 Emergency Shelter Grants Program	
	į

Expiration Date: 01/31/2009

Application for	r Federal Assistance SF-4	Version 02		
16. Congression	nal Districts Of:			
*a. Applicant: Te	xas Districts	*b. Program/Project: Texas Districts		
<i>.</i>	•			
*a. Start Date: 3/	/1/2008	*b. End Date: 2/28/2009		
18. Estimated Fr	unding (\$):			
*a. Federal	475,349			
*b. Applicant				
*c. State				
*d. Local		·		
*e. Other	· ·			
*g. TOTAL		-		
		-		
<ul><li>☑ a. This applic</li><li>☑ b. Program is</li></ul>	cation was made available to t s subject to E.O. 12372 but has	he State under the Executive Order 12372 Process for review on 10/22/2007		
		teral Debt? (If "Yes", provide explanation )		
☐ Yes	⊠ No	(- 100 ; p. 1100 s.p. a		
derein are true, c with any resulting me to criminal, ci	complete and accurate to the big terms if I accept an award. I ivil, or administrative penalties.  Ifications and assurances, or a	est of my knowledge. I also provide the required assurances** and agree to comply am aware that any false, fictitious, or fraudulent statements or claims may subject (U. S. Code, Title 218, Section 1001)		
Authorized Repr	resentative:			
Prefix:	Mr.	*First Name: <u>David</u>		
Middle Name:	В.			
*Last Name:	Turkel			
Suffix:				
*Title: Director				
*Telephone Numi	Congressional Districts Of: Applicant: Texas Districts  *b. Program/Project: Texas Districts  Proposed Project: Start Date: 3/1/2008  *b. End Date: 2/28/2009  Estimated Funding (\$): Federal 475.349  Applicant State Local Other Program Income TOTAL 475.349  1. Is Application Subject to Review By State Under Executive Order 12372 Process? a. This application was made available to the State under the Executive Order 12372 Process for review on 10/22/2007 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E. O. 12372 but has not been selected by the State for review. c. Program is not covered by E. O. 12372  Is the Applicant Delinquent On Any Federal Debt? (if "Yes", provide explanation.)  *This application. Lostify (1) to the statements contained in the list of certifications** and (2) that the statements enter are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply. a nay resulting terms if I accept an award. I am aware that any false, fictious, or fraudulent statements or claims may subject to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)  **I AGREE*  The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or ency specific instructions  thorized Representative:  **First Name: David**  **With David University of the State University of the State University of the State Univers			
* Email: david_tu	Applicant State Local Other Program Income TOTAL 475,349  9. Is Application Subject to Review By State Under Executive Order 12372 Process?  a. This application was made available to the State under the Executive Order 12372 Process for review on 10/22/2007  b. Program is subject to E.O. 12372 but has not been selected by the State for review.  c. Program is subject to E.O. 12372 but has not been selected by the State for review.  c. Program is not covered by E. O. 12372  0. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)  Yes No  Yes No  1 - "Sy signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements rein are true, complete and accurate to the best of my knowledge. J also provide the required assurances** and agree to comply. In any resulting terms if I accept an award. I am aware that any false, fictificus, or fraudulent statements or claims may subject to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)  1**IAGREE  The list of certifications and assurances, or an intermet site where you may obtain this list, is contained in the announcement or representative:  ##IAGREE  ##IAGREE  The ist of certifications and assurances, or an intermet site where you may obtain this list, is contained in the announcement or representative:  ##IAGREE  ##IAGREE  ##IAGREE  The list of certifications and assurances, or an intermet site where you may obtain this list, is contained in the announcement or representative:  ##IAGREE			
*Signature of Aut	horized Representative	*Date Signed: 1.14.08		

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Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102

pplication for Federal Assistance SF-424	Version	n 02
pplicant Federal Debt Delinquency Explanation		
b following should contain an explanation if the Applicant organization is delinquent of any	Federal Debt.	
	·	
	•	

Application for Federal Assistance SF-424 Version 02					
*1. Type of Submission:	*2. Type of Application * If Revision, select appropriate letter(s)				
☐ Preapplication	⊠ New				
☐ Application	☐ Continuation	*Other (Specify)			
☐ Changed/Corrected Application	Revision				
3. Date Received: 4. Applicant Identifier: 04/1/2008					
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:	····		
State Use Only:					
6. Date Received by State:	7. State App	plication Identifier:			
8. APPLICANT INFORMATION:					
*a. Legal Name: Harris County			······································		
*b. Employer/Taxpayer Identification N 76-0454514	lumber (EIN/TIN):	*c. Organizational DUNS: 072206378			
d. Address:					
*Street 1: <u>8410 Lanter</u>	rn Point Drive				
Street 2:					
*City: <u>Houston</u>					
County: Harris County					
*State: Texas					
Province:					
*Country: USA					
*Zip / Postal Code 77054					
e. Organizational Unit:	·····				
Department Name:		Division Name:			
Community and Economic Development		Development and Direct Services			
		ed on matters involving this application:			
Prefix: Mr.	*First Name: <u>[</u>	David			
Middle Name: B.					
*Last Name: <u>Turkel</u>					
Suffix:					
Title: Director					
Organizational Affiliation:					
*Telephone Number: (713) 578-2000 Fax Number: (713) 578-2090			·········		
*Email: david_turkel@hctx.net					

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type:  B.County Government	
pe of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
*Other (Specify)	
*10 Name of Federal Agency: U.S. Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
14-239	
CFDA Title:	
*12 Funding Opportunity Number:	
*Title:	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Harris County	
*15. Descriptive Title of Applicant's Project:	
Harris County PY2008 HOME Investment Partnership Program	
Harris County PY2008 American Dream Downpayment Initiative	
	1

Application for Fe	deral Assistance SF-4	124 Version 02				
16. Congressional D	istricts Of:					
*a. Applicant: Texas Districts		*b. Program/Project: Texas Districts				
17. Proposed Proje	ct:					
*a. Start Date: 3/1/2008		*b. End Date: 2/28/2009				
18. Estimated Fundi	ng (\$):					
*a. Federal	3,352,888					
*b. Applicant	, , , , , ,					
*c. State		•				
*d. Local		-				
*e. Other	,	-				
*f. Program Income	7,503	_				
*g. TOTAL	3,387,565	-				
*19. Is Application S	Subject to Review By Sta	ate Under Executive Order 12372 Process?				
i		the State under the Executive Order 12372 Process for review on 10/22/2007				
		s not been selected by the State for review.				
	covered by E. O. 12372					
*20. Is the Applican	t Delinguent On Any Fed	deral Debt? (If "Yes", provide explanation.)				
☐ Yes 🛛		, , , , , , , , , , , , , , , , , , , ,				
21 *By signing this a	onlication Legify (1) to the	as statements contained in the list of certifications** and (2) that the statements				
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply						
with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)						
⊠ ** I AGREE						
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or						
agency specific instructions						
Authorized Represe	ntative:					
Prefix: <u>Mr.</u>		*First Name: <u>David</u>				
Middle Name: <u>B.</u>						
*Last Name: <u>Tur</u>	kel					
Suffix:						
*Title: Director						
*Telephone Number: (713) 578-2000 Fax Number: (713) 578-2090						
* Email: david_turkel	@hctx.net					
*Signature of Authoriz	red Representative	*Date Signed: G. 2, of				

Application for Federa			Version 02
*Applicant Federal Debt	Delinquency Explanation		
Jie lollowing should conta	in an explanation if the Applican	it organization is delinquent of any Fede	eral Debt.
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			•
		\$	
•			
to a			